

Employee Acknowledgement Form

Drug and Alcohol Use & Testing Policies

I, _____, hereby certify that I received a copy of the Drug and Alcohol Use Policy, Drug and Alcohol Testing Policy and the CDL Drug and Alcohol Testing Policy. I understand that I should consult the City Administrator regarding any questions not answered in the handbook. Since the information and policies described here are necessarily subject to change, I acknowledge that revisions to the policies may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

I realize it is unlawful to manufacture, dispense, possess, or use a controlled substance on City premises or while conducting City business. A violation of the policies can subject me to discipline up to and including dismissal. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

Effective Date: 5/1/2016
Revision Date: